| AMENDMENT TRANSMITTAL LETTER | | | | | Docket No. 0249-0132PUS1 |
|--|---|---|-----------------------------------|----------------------|--|
| Application No. | | Filing Date | | Examiner | Art Unit |
| 10/529,864-Conf. #1534 | | October 18, 2005 | | M. L. Torre | es 2617 |
| Applicant(s): Ter | esa Maria De / | Andrade ROSA | ADO | | |
| Invention: SWITC | MUNICATION CHING SYSTE FELEPHONE/D | M WHICH ALL | OWS THE M | IOBILE PHONE TO | O A TELEPHONE/DATA BE AN EXTENSION OF |
| MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 22 | | | | | |
| Transmitted here The fee has been | | | | • • | |
| | | CLAIM | S AS AMEN | DED | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 26 | - 37 = | 0 | x 26.00 | 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 110.00 | 0.00 |
| Multiple Depend | dent Claims (ch | eck if applicabl | e) | | |
| Other fee (pleas | | | <u> </u> | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |
| Large Entity X Small Entity | | | | | 0.00 |
| X No additiona | | d for this amer | ndment. | X Small Chury | |
| Please charg | ge Deposit Acc | ount No. | ir | the amount of \$ | · |
| A check in the | ne amount of \$ | | is enclos | sed. | |
| | credit card. Fo | | | | |
| The Director | is hereby auth below. A dup | orized to charg | ge and credit his sheet is e | Deposit Account No | o02-2448 |
| | ny overpaymen | | | | |
| × Charge a | | ng on application | n processing f | ees required under 3 | 7 CFR 1.16 and 1.17. |
| Charles Gorens Attorney Reg. N | tein / | | | Dated: | January 7, 2009 |
| BIRCH, STEWA 8110 Gatehouse Suite 100 East | ART, KOLASCH | ł & BIRCH, LL | Р | | |
| P.O. Box 747 Falls Church, Vi (703) 205-8000 | rginia 22040-0 | 747 | | | |

CG/E/JVV/py